



**Challenge TB –
UN Special Envoy on Tuberculosis**

Year 2

Annual Report

October 1, 2015 – September 30, 2016

Submission date: November 16, 2016

Cover photo: Twitter: Lets #UniteToEndTB this #WorldTBDAY. We will #EndTB by 2030 - but only with ↑political commitment & ↑investment

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

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Table of Contents

1. EXECUTIVE SUMMARY	5
2. INTRODUCTION	5
3. PROGRESS BY OBJECTIVE/SUB-OBJECTIVE	5
Objective 3 – Strengthen TB Service Delivery	5
Sub-objective 1. Country Level Diplomatic Missions	5
Sub-objective 2. Global Education and Awareness	6
Sub-objective 3. Knowledge Sharing	7
Key Results	7
4. KEY CHALLENGES DURING IMPLEMENTATION AND ACTIONS TO OVERCOME THEM	7
5. LESSONS LEARNT/ NEXT STEPS	8

List of Abbreviations and Acronyms

TB = Tuberculosis

MDR TB = Multi-drug Resistant Tuberculosis

DS TB = Drug Sensitive Tuberculosis

UNSE –TB = United Nation’s Special Envoy on Tuberculosis

IAS – International AIDS Society

WHO – World Health Organization

AMR – Anti-Microbial Resistance

1. Executive Summary

Dr Eric Goosby was appointed as the UN Special Envoy on Tuberculosis (UNSE – TB) in early 2015. The mandate given by the Secretary General and in conjunction with the World Health Organization (WHO) focuses on advocacy; more money for research and implementation, more commitment from the leadership in high burden countries and more awareness globally about tuberculosis. With these objectives in mind the team developed a plan that focused attention on:

- Global Fund replenishment and securing PEPFAR dollars for TB implementation
- Political engagement on Anti-Microbial Resistance (AMR) for new research money
- Country spotlight on Nigeria, India and China
- Presence in existing Fora – The Union, IAS- TB 2016, World Health Assembly, and UN General Assembly
- Lancet Commission on Tuberculosis – to raise the profile of TB challenges in the broader health community

This strategy has largely been successful and the advocacy work done by the UNSE-TB has contributed in lesser and greater ways to the successful:

- Global Fund replenishment – \$12.9 billion
- PEPFAR – policy change reinforcing the need for TB prophylaxis, testing and IPT reporting for PLHIV
- G7 – messaging on UHC
- G20 – commitment to engage on Anti-Microbial Resistance
- UN HLM on HIV – declaration endorsed 75% reduction in TB/HIV mortality
- UN HLM on AMR – declaration committed member states to engage on AMR and to re-convene in 2018
- Nigeria commits to include TB in the standard of care as it re-vitalizes 10,000 primary health care facilities in the public sector

2. Introduction

Alignment between the goals of the UNSE as outlined above and the Challenge TB grant is strong. Challenge TB's objective #3 strives to "Strengthen TB delivery services by enhancing political commitment and leadership and building comprehensive partnerships". Simply put the goal of the UNSE on TB is to promote and garner high-level support for the dissemination and implementation of the End TB Strategy and its targets for TB prevention, care, and control.

Within this framework an implementation plan for the year was prepared and reviewed with key stakeholders that identified activities and actions to support this goals. The content of which is described in the sub-objectives below.

3. Progress by Objective/Sub-Objective

Objective 3 – Strengthen TB Service Delivery

Sub-objective 1. Country Level Diplomatic Missions

Country diplomacy has focused on the top 5 high burden countries :

Nigeria – analysis and engagement with Nigeria began with a visit to Abuja in May 2016 to meet with the , the wife of the President of Nigeria her excellency Mrs Aisha Muhammadu Buhari, the Honorable Minister for Health, Prof. Isaac Adewole;) and the NTP manager, Chairs of the health caucus in the National Assembly (both upper and lower houses committee on health and AIDS, Malaria and Tuberculosis), and a variety of other stakeholders. Furthermore, a press conference was held, and a dinner meeting was organized by USAID for a number of State Commissioners of health and legislative members (committees of health and budgeting/finance)

This visit has been followed with further meetings with the Minister of Health in NY in June and September to continue the dialogue and raise the profile of TB within his sphere. The main challenge for TB in Nigeria is the disarray of primary health care in the public sector as a vehicle for TB detection and treatment and the lack of engagement with the private sector (which accounts for 60% of patients accessing care). The 4 key priorities identified in the visit remain pertinent – raise awareness of TB,

ensure TB is part of the standard of care in 10,000 PHC restoration project, engage with the private sector, scale up MDR diagnostic and decentralized MDR treatment.

China – analysis of TB in China focused on the two pathways to senior level engagement with the Ministry of Health that we had easy access to- via WHO and the Gates Foundation. These pathways lead us to believe that the utility of a China trip at present would be low. This will be revisited in the coming months as it is possible that Chinese interest may rise with the prospect of the upcoming Russian Ministerial Summit and the uptick in TB engagement in India.

India – engagement on India began mid-year as the evidence of the political opportunity grew. Today, it is clear that collective efforts have already realized substantial gains for Tuberculosis in India – notably:

- Modi's statements on AMR, MDR and Tuberculosis in both international and domestic forums
- Ministry of Health movement on key policy and implementation objectives. And most recently on the governments acceptance of revised WHO estimated of incidence and prevalence as well as agreement to do a national prevalence survey
- Plans to expand TB research with the founding of a National TB Research Consortium as a public private partnership

It is clear that the investment made by all stakeholders is paying off – but we believe that there are still significant hurdles in India and hope that a visit working in conjunction with key stakeholders can advance the remaining – unsolved challenges – principally the money necessary to fund both the research and implementation agenda.

Pakistan and Indonesia were considered secondary priorities and only limited background research done to understand the political and TB context.

Sub-objective 2. Global Education and Awareness

The awareness objective focused on the participation in key events and publication of articles to raise visibility of Tuberculosis. For the sake of clarity the key events are listed by theme:

Drug Resistant TB – The goal has been to build recognition in political spheres that drug resistant tuberculosis is a major global concern, notably to ensure that people are cognizant of the 170,000 deaths per year from MDR TB. In December 2015, Dr. Goosby participated in a congressional hearing on MDR to raise visibility of the problem in US Congress. Throughout the year the UNSE engaged with the team leading the UK AMR Review process to ensure that TB was well reflected in the discussions – this included a series of high level dinners in Cape Town, Geneva, and NY as well as participation in a variety of side meetings including the co-hosting of the side meeting on Public Private Partnerships to address the challenges of AMR at the UN General Assembly. In addition, the UNSE provided editorial comments on the last 4 AMR review reports including the final report.

TB/ HIV co-infection - the work for the year has focused on two pieces – strengthening the resolve and mandate for integrated management of TB/HIV and mortality reduction and working on technical issues to ensure appropriate technical approaches in key stakeholders (notably PEPFAR). To this end the UNSE co-hosted a side-event in NY at the High Level Meeting on HIV and strongly supported the language eventually included in the UN Declaration which called for a 75% reduction in TB/HIV mortality in the coming 5 year period. Additional work was done in bi-lateral discussions with PEPFAR to ensure that they maintain their commitment to IPT through both policy and monitoring.

Tuberculosis – the need for more funding and engagement was a central theme in all his interactions with a focus on the connections between TB and all the global health priorities from Global Health Security to Universal Health Coverage. Speeches to this effect were given in Addis, Capetown, Durban, and New York.

List of events where the UNSE TB attended / spoke:

- TB Report 2015 – Launch Washington DC
- Civil Society Consultation on TB – Addis Ababa, Ethiopia
- The Union Conference / Stop TB Partnership Board meeting – Capetown, SA
- US Congressional hearing on MDR TB – Washington DC
- Side-meetings – WHO World Health Assembly – Geneva, Switzerland
- UN HLM on HIV – co-hosted side event on TB/HIV co-infection – New York, NY
- TB2016 – IAS Durban South Africa
- UN General Assembly – HLM on AMR – co-hosted side meeting on Public Private Partnership

Sub-objective 3. Knowledge Sharing

The goal of this objective was for the UNSE to amplify the voice of Tuberculosis within and outside the global health community. To this end the UNSE developed a website, wrote articles and participated in press conferences in a variety of forums.

Press events in brief – TB Report Launch, Global Plan Launch, World TB day, TB 2016, UNGA

Press releases / Communications:

- Jan 7th – supporting release of MDR Action plan
- Feb 9th – Condemning Administration for cutting 2017 TB budget
- March 24th – World TB Day - Huffington Post – “Giving voice to the voiceless”
- March 24th – World TB Day - Press Statement on TB
 - o <http://www.tbenvoy.org/statement-from-un-special-envoy-on-tuberculosis-eric-p-goosby-on-world-tb-day-march-24-2016/>
- March 24th – Interview with Dr. Goosby
 - o <http://globalhealthsciences.ucsf.edu/news-events/un-special-envoy-eric-goosby-answers-five-questions-about-tb>
- Website – the official website for the UNSE on TB has launched after months of work. Link for website = <http://www.tbenvoy.org/news/>
- May 15th – Huffington Post – “Tackle TB to reduce maternal deaths”
- May 18th – AllAfrica – Nigeria = Tuberculosis now causes more deaths than HIV
- May 18th – Nikkei – G7 leaders must not ignore TB as a global health threat”
- June 8th – WHO Press Release – “Ending TB deaths among people living with HIV- Time for Action
- June 9th – WHO Press Release “Leaders call for greater action and investment to tackle TB and HIV
- September 2016 – CGHD AMR edition “MDR-TB: Are we making the curable incurable?”
- September 20th – Project Syndicate - “On anti-microbial resistance – it’s now or never”

Despite relatively large effort the goal of trying to push TB out into the popular press has been relatively un-successful. The challenge is not so much in getting writers interested but in them getting support from the editorial leadership. This is a long-standing problem for TB and while there are currently 3-4 lines of engagement open with journalists from the NY times, Wall Street Journal, Financial Times and Newsweek none of them have come to fruition

Key Results

#	Outcome Indicators	Indicator Definition	Baseline (Year/ timeframe)	Target	Result
				Y2	Y2
7.2	In country political commitment strengthened	2 country visits minimum	10/15 – 12/16	1	1

4. Key Challenges during Implementation and Actions to Overcome Them

Challenge	Actions to overcome challenges
Technical	
The appointment of the UNSE on TB is an annual contract. In addition the change in UN Secretary General raises an additional issue about whether the post will be renewed.	Dialogue is open with WHO regarding the future of the post and we will engage with the current SG to signal both Eric’s willingness and interest in continuing this work
Administrative	
Establishing the contract on the UCSF side was slow and caused delays in reporting	Now done – the system is working relatively well

5. Lessons Learnt/ Next Steps

Reflections:

- Intersection between UHC and TB - The environment is challenging – SDG’s signal a shift to balancing between disease specific targets and broader objectives for access and systems. In many – perhaps most of the countries the TB challenge is largely about system strength/access and while this convergence should represent a great potential for TB – there is still a great deal of resistance in the global health community about how to fund and implement change in the quest for UHC.
- Global leadership transition– the remarkable number of positions that are in transition at the current time presents a challenge to all global health agendas – notably UN Secretary General, WHO Director General, USG President, UK Brexit. This presents both an opportunity and a challenge but is stabilizing as the UK transition has happened, the new SG has been named and the US is approaching its election. There is hope that once the leadership stabilizes TB and its shocking place as the world’s deadliest disease will receive the attention it deserves.

Next Steps:

Year 3 is poised to be an important year with tentative plans for a Ministerial Summit in Moscow and the potential of a high level meeting at the UN focused on TB. The goal of these meetings and we believe the focus for the year should be – taking TB beyond the health world with a focus on the highest-level political and financial engagement. To that end we have set the following priorities and plans for the coming year – subject to review with KNCV/USAID.

- Research dollars – continued focus on the G20 as the most likely source for funding of the AMR market entry reward, the Indian government creating a substantive TB research consortium, and potentially additional funding from the UK government as a bi-lateral donor related to AMR
- Pushing the TB discussion into financing circles – the office will evaluate the value of further engagement with the world bank and looks to co-host a side meeting during the World Bank spring meeting to engage finance ministers on the topic of TB.
- Ongoing engagement with select countries – focusing on a combination of highest burden and those countries that appear to be poised for progress and request our support.